

Household Goods

Claims Package

Whiteman AFB Missouri

FILING A CLAIM

1. **Turn in of claims is by appointment only.** Please call (660) 687-6809 to schedule an appointment.
2. **The claims office is located in building 509, Suite 203.**
3. **The hours of operation for the claims office are: Monday thru Thursday, 0730-1600.**
4. **Make sure you have the necessary documents for filing a claim.**
 - Claims are filed on DD Form 1842 and 1844 (*Claim for Loss of or Damage to Personal Property Incident to Service and List of Property and Claims Analysis Chart*).
 - (AF Form 180 is also acceptable).
 - Household goods claims require certain additional documents (see separate handout).
 - For all other claims, provide all relevant supporting evidence. Check with the claims office for specifics, but generally, you need to establish:
 - ** Ownership of the property (for example: car registration, paid receipt, photograph, etc.)
 - ** Value of the property (similar evidence)
 - ** Proof of loss or damage (for example: police report, witness statements, etc.)
5. **Fraudulent claims.** We know that almost all claimants would not even think of filing a fraudulent claim, but for those few who might be considering it, they should be aware that any knowingly made false statement as part of a claim makes it a fraudulent claim, a potential violation of federal law and the Uniform Code of Military Justice.

WHERE TO FILE YOUR CLAIM

If you are or were a member of the Air Force, Army, Marine Corps, Navy or Coast Guard, you can send your claim to the address corresponding to your location and branch of service. NOTE: If you are a member of DOD not employed by any of the above, the Army is your servicing claims office.

AIR FORCE

Missouri except for the metro St Louis area, Kansas East of Hwy 75 509 BW/JAD 509 Spirit Blvd, Ste 203 Whiteman AFB MO 65305 DSN: 975-6809/6810 COMM: 660-687-6809/9810	Illinois, metro St Louis area, West Kentucky, Ft Campbell 375 AW/JAD 101 Heritage Drive, Ste 210 Scott AFB IL 62225 DSN: 576-5017 COMM: 618-256-5017
Arkansas, Shelby County TN 314 AW/JAD 1250 Thomas Ave Little Rock AFB AR 72099 DSN: 731-8223/8337 COMM: 501-988-8223/8337	Kansas, West of Hwy 75 384 BW/JAD 53285 Pratt Ct Ste 109 McConnell AFB KS 67221-3624 DSN: 743-3595/3596 COMM: 316-652-3595/3596

ARMY

NAVY

Missouri Office of the SJA (Attn: Claims) 415 Custer Avenue Ft Leavenworth KS 66027 DSN: 552-4945/2058 COMM: 913-684-4945/2058	Arkansas, Tennessee, Missouri, Kentucky, North Mississippi Personal Property Office NAVSUPACT Millington TN 38054 DSN: 882-7773/7774 COMM: 901-874-7773/7774
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MARINE CORPS

COAST GUARD

All assigned to the Marine Corps HQ U.S. Marine Corps Code MHP-40) Washington DC 20380 DSN: 426-2057/2058 COMM: 703-696-2057/2058	All assigned to the Coast Guard Commander (LC) Maintenance & Logistics Command Atlantic, U.S. Coast Guard 300 East Main St Ste 400 Norfolk VA 23510-9100 COMM: 757-628-4187
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DATES TO REMEMBER FOR HOUSEHOLD GOODS CLAIMS

1. The DD Form 1840 (pink form) should be filled out at delivery.
2. The DD Form 1840R (reverse of DD Form 1840) must be filled out and delivered to the nearest claims office within 70 days after delivery. **NOTE: THIS IS NOT FILING A CLAIM!!**

*** You must submit the form to a claims office within the 70 days. Receipt by the 70th day allows the claims office to dispatch a copy of the DD Form 1840R to the carrier by the 75th day, which is the actual cutoff date for carrier liability, as required by agreement with the carriers. Do not let this time period lapse through oversight or neglect or because you are too busy. (There are some limited exceptions to the 70-day rule, but you shouldn't rely on them, unless absolutely necessary, as you risk not being paid for items reported late.) See the separate handout on the importance of the DD Form 1840/1840R.

3. Notice to your private insurance company must be made as stated in the policy.

*** If you have insurance, you must first file a claim with your insurer, before filing a claim with the Air Force.

*** Some insurance companies may require notification within 91 days, while others may allow up to one year.

*** Check your policy carefully because failure to notify your insurance company may result in denial of payment of those items by the insurer and by the Air Force.

4. The claim itself must be filed within two years of the date of delivery.

*** The two-year statute of limitations cannot be waived because it was established by Congress. Nothing you or the claims office does can change the two year period for filing a claim.

*** **A CLAIM IS NOT CONSIDERED FILED UNTIL IT IS RECEIVED BY THE CLAIMS OFFICE.** Mailing the claim at the two year mark is not good enough - the claim must be received within two years. If you mail the claim, make sure you allow plenty of time. If you are out of time, claims may be FAXed, but still must be received within the two years. Two years and one day is no good.

*** There is no acceptable excuse for not filing a claim within two years.

5. **THE TIME PERIOD FOR FILING THE DD FORM 1840R AND THE TWO YEAR PERIOD FOR FILING A CLAIM ARE COMPLETELY DIFFERENT THINGS.** Filing a DD Form 1840R within 70 days does not have any effect whatsoever on the two years for filing the claim itself.

DOCUMENTS NEEDED FOR A HOUSEHOLD GOODS CLAIM

1. **DD Forms 1842 and 1844** (the claim forms themselves).
2. **Orders.** One copy, with one copy of any amendments.
3. **Government Bill of Lading (GBL)** (carbon copy should be submitted).
4. **Inventories.** All inventories you have concerning shipment of your property. Submit the carbon copy, not a photocopy. If you do not have a copy of the inventory, ask the TMO for assistance in obtaining a copy from the carrier.
5. **DD Form 1840** (Joint Statement of Loss or Damage at Delivery) and **DD Form 1840R** (Notice of Loss or Damage). We must have the **pink** carbon copies (all of them should be brought in). Photocopies are not acceptable.
6. **Receipts, paid bills, canceled checks, preshipment appraisals, photographs, or other evidence, if available, to substantiate the value of the items being claimed.**
7. **Estimates of repair.** A repair estimate should be in writing on a business form or letterhead, and should be signed and dated by the person preparing it. (See separate handout for further information on repair estimates).
8. **Replacement cost substantiation.** This should be provided on any item for which you are claiming a replacement cost of \$100.00 or more.
 - Price quotes from stores should be signed and dated on company letterhead and should list the make and model number.
 - You may also submit a page from a catalog. Provide the name of the company and catalog date with the page submitted.
 - You may submit an advertisement from a newspaper or magazine. Provide the name and date of the newspaper or magazine with the clipping or page submitted.
 - You should first check to see if replacement items may be purchased through the Base Exchange (either your local Exchange or the Exchange catalog). Failure to check for the replacement cost at the Exchange only delays processing. Claims personnel are directed to use Exchange prices if a comparable item is available there at a lower cost.

THE DD FORM 1840/1840R

1. **This form is colored pink and is a critical form in the household goods claims process.** You must understand the role of this form and handle it properly.
2. **The DD Form 1840 is filled out at delivery.** The 1840 is the front side of the form. It is called the "Joint Statement of Loss or Damage at Delivery." Although many deliveries are rushed, you should take all the time you need to list any loss or damage that you noticed during delivery of your goods.
3. **What is the DD Form 1840R?** It is the reverse of the DD Form 1840. It has a different title: "Notice of Loss or Damage."
4. **The DD Form 1840R must be completed and received by the nearest claims office within 70 days after delivery.** If you mail it, allow plenty of time for it to get to the claims office within 70 days. Receipt by the 70th day allows the claims office to dispatch a copy of the DD Form 1840R to the carrier by the 75th day as required by agreement with the carriers.
5. **Why is the DD Form 1840R important?** Two reasons:
 - (1) The Air Force might conclude that any items not listed on a properly completed and timely filed DD Form 1840R were either not shipped or were not damaged in shipment.
 - (2) The Air Force will deduct the amount that it could have recovered from the carrier, had a DD Form 1840R been timely filed, from any amount payable to you on your claim. **IN MANY CASES, THIS "POTENTIAL CARRIER RECOVERY" DEDUCTION WILL RESULT IN ZERO PAID FOR ANY ITEMS NOT LISTED ON THE DD FORM 1840R.** This is because the Air Force can usually recover 100% of the carrier's liability in the majority of shipments. However, if you don't report the loss or damage on the DD Form 1840R then the Air Force cannot recover and in turn, will not pay you.
6. **Even if you have a large shipment, you must complete the DD Form 1840R within 70 days.** This means you need to do all your unpacking to make sure you have found all loss or damage so that you can report it. It is permissible to file more than one DD Form 1840R if you discover loss or damage after you filed the first form, but all DD Forms 1840R must be filed within 70 days. (There are some limited exceptions to the 70-day rule, but you shouldn't rely on them, unless absolutely necessary, as you risk not being paid for items reported late.)
7. **Be careful to put correct inventory numbers for all items, even items missing from cartons.**
8. **Before filling out the DD Form 1840R, make sure you reverse the carbons!**
9. **Ask the claims office for help with the form if you have any questions whatsoever - don't let the 70 days expire without reporting all your loss and damage.**
10. One final comment. Submitting a DD Form 1840R to a claims office does not constitute filing a claim. In other words, even though you submit a DD Form 1840R within 70 days, you still must file a formal claim within 2 years of the date of delivery of your shipment.

REPAIR ESTIMATES

1. **Estimate fees.** Repair firms may charge you for an estimate. If the estimate fee is not included in the total cost of repairs, or is not deductible when the work is accomplished, then you may claim the fee as a separate line item on your claim.

2. **When is an estimate necessary?** (1) Generally, for all damaged furniture including upholstered items. (2) Anytime you claim internal damage to an electrical, electronic, or mechanical item. An exception might be made if there is significant external damage to this kind of item and it is small enough to bring to the claims office for inspection or it is observed at your home during a claims inspection. (3) When there are questions as to whether the item is damaged beyond repair. (4) Anytime the claims examiner needs an estimate to properly assess the value, nature and extent of damage, or cause of damage.

3. **What needs to be on the estimate?** The estimate should be detailed as to the type of damage being claimed and its location on the item. It should cover only the new damage which is listed on the DD Form 1840/1840R.

Guidance for specific items is:

- Upholstered furniture. The estimate should list separate costs for material, labor, tax, and pick up and delivery charges.

- Items made of wood or wood products. The estimate should describe the damaged areas and the repairs necessary to restore the item to its premove condition.

- **Electronic items.** *When there is possible internal damage to these types of items, you must submit a repair estimate sufficiently detailed to show the claims office that the item was damaged in shipment.* The sensitive electronic components in these items can fail for many different reasons including age, normal wear and tear, handling and use by the owner before and after shipment, temperature and climate fluctuations before and after shipment, and deterioration or poor quality of circuit boards and other parts. Since there are other possible causes, the mere fact that an electronic item worked before a move and did not work afterwards is often not sufficient to establish that it was damaged in shipment. Ordinarily, we need at least an opinion from a qualified repair person stating that the damage was caused by shipment, and specifying how and why.

- To assist you with obtaining a useful repair estimate for electrical and electronic items, the claims office has a form which shows the repair firm what information the claims office needs. Please get a copy of the form and have the repair firm use it.

INSPECTIONS AND SALVAGE

1. **Keep all damaged items until 45 days (60 days for overseas destination shipments) after your claim is settled.** The carrier and the claims office have the right to inspect your household goods for shipment damage. Also, if you are paid the actual value of any item, it belongs to the carrier or the Air Force and therefore, they may salvage the property.
2. **If you do not keep an item for inspection, you may not be paid for it.** There may be a partial or a full deduction of the value of the item from the payment due to you.
3. **Also, if an item is repaired before inspection,** and there is no way to verify whether the damage was shipment related, you may not be paid for the item.
4. **Yes, there are exceptions** that allow you to dispose of items without inspection which pose a safety or health hazard (a moldy mattress or broken glass) or to repair essential items that otherwise could not be used (a refrigerator). Check with the claims office, which should keep a memo for record on any permission given to you to dispose or repair without inspection.
5. **The carrier has the right to inspect** within 45 days (60 days for overseas destination shipments) after delivery of the household goods or dispatch of the DD Form 1840R (pink form), whichever is later. The carrier can contact you directly and you must cooperate. The Air Force may not be able to collect from the carrier if you do not allow an inspection. Contact the claims office if problems arise.
6. **The carrier can use a repair firm to do its inspection.** The carrier's repair estimate may be used to adjudicate your claim, but only if the claims office determines that it is a reasonable valid estimate from a responsible firm near you.
7. **Salvage.** If you are paid the actual value (depreciated replacement cost) of an item, it will belong to either the Air Force or the carrier. **However, if you want to keep the item instead of turning it in, you should let the claims office know when you file your claim.** In that case, a salvage deduction may be taken from your payment which will allow you to keep the item. The amount of any salvage value deduction will depend on the type of item and its condition.
8. **Carrier salvage.** If you do not want the item, and the carrier pays the Air Force for it, the carrier has salvage rights. The carrier must pick up the item at your residence or other mutually agreeable location within 45 days after your claim is paid by the Air Force. Again, you must cooperate with the carrier, or you may have to return the payment you received. If the carrier does not pick the item up in the time allowed, you may dispose of it, as you wish.
9. **Air Force salvage.** If you do not want the item and the carrier has not paid for it, it belongs to the Air Force. If it has a salvage value, then the item must be turned in. Either the Air Force will pick it up at your residence or you can transport the item to the salvage location if you wish.

DEPRECIATION

1. **There are many misconceptions about depreciation.** Many claimants think that depreciation is unfair and that they should be paid replacement cost instead. Let's take a closer look.
2. **Under the claims statute, you are paid the actual value of an item at the time of its loss.** Certainly, it would not make much sense for the Air Force to pay you more than an item was worth when it was lost or destroyed beyond repair. That would put you in a better position than you were in before the incident. For example, if you owned a ten year old TV, you would not expect the Air Force to pay you for a brand new TV. Although your TV may have been working, it was still a used TV. The Air Force is only permitted to pay you for the actual value of your used item. You can then use the money to buy a similar used item, or, you can apply the money toward the cost of a newer item if you choose.
3. **How is actual value determined?** The actual value of an item is the current replacement cost minus depreciation, if any. Current replacement cost takes inflation and local unavailability into account. If the item costs more now than when you bought it, or is not available in the local area, you provide the current replacement price of the item where it can be found. Only then is depreciation computed.
4. **How is depreciation determined?** The military services have developed a joint "Depreciation Guide" which lists standard depreciation rates for virtually all categories of personal property.
5. **Not all items are depreciated.** Items which do not decrease in value over time are not depreciated. For example, true antiques (over 100 years old) do not depreciate. Expensive solid wood furniture such as that made of oak or walnut does not depreciate. Fine china does not depreciate.
6. **As you can see, depreciation is not really unfair.** The reality is that "actual value" is a fair measure of what a claimant should be paid. The "actual value" rule, in effect, does pay you "replacement cost" - it's just that you have to realize that means the replacement cost of a used item.
7. **Get insurance if you want full replacement cost coverage.** Check with TMO or your own insurer about whether this type of coverage is available for your particular situation or move.

HIGH-VALUE ITEMS

1. **Make sure you know the claims rules for valuable items.**
2. **Under normal circumstances you cannot be paid more than \$40,000 per claim.** If the value of your household goods is greater than \$40,000 you should obtain insurance to guard against a total loss. By federal law, the Air Force may not normally pay more than \$40,000 on any claim.
3. **There are also maximum amounts, which can be paid on most items.** Some examples of maximums are:
 - Furniture - \$3,000 per item.
 - Jewelry - \$1,000 per item, \$4,000 per claim.
 - Automobiles - \$3,000 for all nonshipment claims (\$20,000 in shipment).
 - Claimants are expected to have insurance above these amounts.
4. **Where can you find the maximums?** The official source is the military services joint "Allowance List." A more readily available list of most items is in the "It's Your Move" booklet available at your TMO.
5. **Why are there maximums?** In enacting the claims law, Congress only provided for payment for property that was "reasonable or useful" under the circumstances of military service. The maximums are set with limits according to payment (on quantity and quality) of items that are generally considered reasonable or useful for military members and civilian employees to own. In certain circumstances, these maximum amounts for types of items may be waived but you should not rely on a maximum applicable to your type of property being waived.
6. **You need to have substantiation of ownership and value for expensive and valuable items that you claim.** It is an excellent idea to have your own personal inventory of your household goods. You should keep a list of all major items along with their purchase prices and purchase dates, and the receipts to prove it. Consider using photographs to document your ownership of the items and their condition and value. Keep any inventory and any photographs separate from your property. Don't ship those things with your household goods. For very expensive and valuable property, you may wish to obtain preshipment appraisals of their value.
7. **BE VERY CAUTIOUS WITH JEWELRY AND SIMILAR ITEMS.** Generally they should not be shipped. This point cannot be overemphasized. This admonition applies to **jewelry, coins, stamp collections, and sports card collections**. If you file a claim for such small, valuable, easily pilferable items, you will not be paid unless the items are specifically listed on the inventory **and** you can also substantiate ownership and value. According to our statistics, jewelry is at very high risk during household goods shipments. Hand carry these items!

**AFFIDAVIT-CERTIFICATION OF
NON-AVAILABILITY OF PRIVATE INSURANCE**

REQUIREMENT:

When filing a claim against the United States under the provisions of the Military Personnel and Civilian Employees Claims Act implementing title 31, U.S. Code 3721, the claimant **MUST** first file a claim with his own insurance company and attach a copy of same to his claim forms, if he has ANY TYPE of insurance which may cover all or part of the claimed loss or damage.

Insurance coverage includes automobile theft or comprehensive coverage, home owners insurance, household goods insurance, e.g. with USAA or Armed Forces Insurance, personal effects coverage, or any other type of insurance which may cover all or part of your loss or damage.

IF YOU HAVE INSURANCE COVERAGE:

I have read and understand the above requirement. I have indicated on my claim against the United States (DD form 1842) that I do have private insurance. My policy name and number are as follows:

Policy Name: _____

Signature _____

Policy Number: _____

Date: _____

IF YOU DO NOT HAVE INSURANCE COVERAGE:

I have read and understand the above requirement. I have indicated on my claim against the United States (DD Form 1842) that I do not have private insurance. With knowledge of the penalties of Title 18, U.S. Code 287, for willfully making a false, fictitious or fraudulent claim, I hereby certify that I do not have any private insurance covering any or all of the loss or damage in my claim against the United States.

Signature _____

Date: _____

CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE

PART I - TO BE COMPLETED BY CLAIMANT (See reverse side for Privacy Act Statement and Instructions.)

1. NAME OF CLAIMANT (Last, First, Middle Initial)	2. BRANCH OF SERVICE	3. RANK OR GRADE	4. SOCIAL SECURITY NUMBER				
5. HOME ADDRESS (Street, City, State and Zip Code)		6. CURRENT MILITARY DUTY ADDRESS (if applicable) (Street, City, State and Zip Code)					
7. HOME TELEPHONE NO. (Include area code)	8. DUTY TELEPHONE NO. (Include area code)	9. AMOUNT CLAIMED					
10. CIRCUMSTANCES OF LOSS OR DAMAGE (Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.)							
11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? (E.g., say "Yes" on a shipment or quarters claim if you had transit, renter's or homeowner's insurance; say "Yes" on a vehicle claim if you had vehicle insurance. Attach a copy of your policy.)			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	YES	NO		
YES	NO						
12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER? (If "Yes," attach a copy of your correspondence. If you have insurance covering your loss, you must submit a demand before you submit a claim against the Government.)			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	YES	NO		
YES	NO						
13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY? (If "Yes," attach a copy of your correspondence with the carrier of warehouse firm.)			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	YES	NO		
YES	NO						
14. DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	YES	NO		
YES	NO						
15. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR ACQUIRED OR USED IN A PRIVATE PROFESSION OR BUSINESS? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	YES	NO		
YES	NO						
16. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM: If any missing items for which I am claiming are recovered, I will notify the office paying this claim. (For shipment claims.) Missing items were packed by the carrier; they were owned prior to shipment but not delivered at destination; after my property was packed, I/my agent checked all rooms in my dwelling to make sure nothing was left behind. I assign to the United States any right or interest I have against a carrier, insurer, or other person for the incident for which I am claiming; authorize my insurance company to release information concerning my insurance coverage. I authorize the United States to withhold from my pay or accounts for any payments made to me by a carrier, insurer, or other person to the extent I am paid on this claim, and for any payment made on this claim in reliance on information which is determined to be incorrect or untrue. I have not made any other claim against the United States for the incident for which I am claiming. I understand that if any information I provide as part of my claim is false, I can be prosecuted.							
17. SIGNATURE OF CLAIMANT (or designated agent)			18. DATE SIGNED (MMDDYY)				

PART II - CLAIMS APPROVAL (To be completed by Claims Office)

19. PROCEDURE (X one)	20. AMOUNT AWARDED. The claim is cognizable and meritorious under 31 U.S.C. 3721; the claimant is a proper claimant; the property is reasonable and useful; the loss has been verified in accordance with applicable procedures as prescribed by the controlling departmental regulation; and the following award is substantiated:						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">a. SMALL CLAIMS</td> <td style="width: 50%; text-align: center;">b. REGULAR CLAIMS</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	a. SMALL CLAIMS	b. REGULAR CLAIMS			\$		
a. SMALL CLAIMS	b. REGULAR CLAIMS						
21. SIGNATURES (Signatures at a and c not required if small claims procedure is utilized.)							
a. CLAIMS EXAMINER	b. DATE SIGNED (MMDDYY)	c. REVIEWING AUTHORITY	d. DATE SIGNED (MMDDYY)				
e. TYPED NAME AND GRADE OF APPROVING AUTHORITY	f. SIGNATURE OF APPROVING AUTHORITY		g. DATE SIGNED (MMDDYY)				

Privacy Act Statement

AUTHORITY: 31 U.S.C. 3721, and EO 9397, November 1943 (SSN).

PRINCIPAL PURPOSE: Filing, investigation, processing and settlement of claims for losses incident to service.

ROUTINE USES:

- a. Information is principally used to provide a legal basis for the administrative payment of claims against the Government. Information is also used in connection with:
 - (1) Recovery from common carriers, warehouse firms, insurers and other third parties.
 - (2) Collection from claimants of improper payments or overpayments.
 - (3) Investigation of possible fraudulent claims.
 - (4) Possible criminal prosecution by the Department of Justice or other agencies if fraud is established.
- b. Social Security Numbers are used to assure correct identification of claimants in order to assure payment to

DISCLOSURE: Voluntary, however, failure to supply information will cause delay in settlement and may result in denial of a portion or all of the claim.

INSTRUCTIONS TO CLAIMANTS

1. You must submit your claim in writing within two years of the date of the incident giving rise to the claim. This two year time limitation may not be waived.

2. The claimant or an authorized agent must complete and sign Part I of this form, answering all questions. If the claim is signed by an agent (*such as spouse*) or a survivor of a deceased proper claimant, that person must have a document showing his or her authority to present the claim, such as a power of attorney, etc.

3. If the claim is for property lost or damaged while being shipped or stored pursuant to travel orders, submit copies of your orders and all shipping documents, including your inventory and your "Joint Statement of Loss or Damage at Delivery/Notice of Loss or Damage," DD Forms 1840/1840R. If you notice damage after delivery, you must complete the DD Form 1840R and get it to the Claims Office within 70 days after delivery.

4. You may obtain further information from a Claims Office.

5. You are entitled to claim the following:

a. Reasonable local repair cost, if an item can be economically repaired. (*You may claim small amounts without an estimate. Otherwise, submit an estimate of repair from a repair firm or, if repairs have been completed, your receipt. The claims office may waive this in appropriate cases.*)

b. Reasonable local replacement cost if an item is missing, destroyed, or not economic to repair. (*Replacement costs may be obtained from commercial catalogs or a military exchange. If you cannot find the item in a catalog or the exchange and the cost is more than \$100.00, obtain a statement from a commercial firm for the cost of a similar item. If you have purchase receipts, bring these to the Claims Office as well.*)

c. Reasonable cost of obtaining local estimates of repair, if the cost of such estimates will not be credited if repair work is done. (*Normally, you may not claim appraisal fees.*)

PART III - DENIAL OR SUPPLEMENTAL PAYMENT (*To be completed by Claims Office*)

23. DENIAL (*X if applicable*)

The claim is not cognizable or meritorious under 31 U.S.C. 3721 and the applicable provisions of the controlling departmental regulation, and is denied.

24. SUPPLEMENTAL PAYMENT (*X and complete if applicable*)

The claim is cognizable or meritorious under 31 U.S.C. 3721, and the following additional award is substantiated:

\$

25. SIGNATURES

a. CLAIMS EXAMINER

b. DATE SIGNED
(MMDDYY)

c. REVIEWING AUTHORITY

d. DATE SIGNED
(MMDDYY)

26. APPROVING / SETTLEMENT AUTHORITY (*Settlement Authority is required for denial.*)

a. TYPED NAME AND GRADE

b. SIGNATURE

c. DATE SIGNED
(MMDDYY)

1. NAME OF CLAIMANT (Last, First, Middle Initial)				3. PICK-UP DATE (YYYYMMDD)		LIST OF PROPERTY AND CLAIMS ANALYSIS CHART (Items 14 through 31 to be filled out by Claims Office)											
2. CLAIMANT'S INSURANCE COMPANY (If applicable)				4. DELIVERY DATE (YYYYMMDD)		14. ORIGIN CONTRACTOR		17. 2ND CONTRACTOR		21. CLAIM NUMBER		22. NET WT/MAX CAR					
a. NAME				b. POLICY NO.													
5.	6.	7. LOST OR DAMAGED ITEMS		8.	9. ORIGINAL COST	11. AMOUNT CLAIMED a. Repair Cost (or) b. Replacement Cost		15. INVENTORY DATE (YYYYMMDD)		18. EXCEPTION SHEET DATE (YYYYMMDD)		23. GBL NUMBER		24. LOT NUMBER			
LINE NO.	QTY	(Describe the item fully, including brand name, model and size. List the nature and extent of damage. If missing, state "MISSING.")		INV NO.	10. MM/YYYY PURCHASED			16. EXCEPTIONS		19. INV NO.	20. EXCEPTIONS	25. AMOUNT ALLOWED	26. ADJUDICATOR'S REMARKS	27. ITEM WT	28. HOUSE LIABILITY	29. CARRIER LIABILITY	
12. REMARKS				13. TOTAL		\$				30. TOTAL AMOUNT ALLOWED		\$		31. THIRD PARTY LIABILITY		\$	

1. NAME OF CLAIMANT (Last, First, Middle Initial)				3. PICK-UP DATE (YYYYMMDD)		LIST OF PROPERTY AND CLAIMS ANALYSIS CHART (Items 14 through 31 to be filled out by Claims Office)											
2. CLAIMANT'S INSURANCE COMPANY (If applicable)				4. DELIVERY DATE (YYYYMMDD)		14. ORIGIN CONTRACTOR		17. 2ND CONTRACTOR		21. CLAIM NUMBER		22. NET WT/MAX CAR					
a. NAME				b. POLICY NO.													
5.	6.	7. LOST OR DAMAGED ITEMS		8.	9. ORIGINAL COST	11. AMOUNT CLAIMED a. Repair Cost (or) b. Replacement Cost		15. INVENTORY DATE (YYYYMMDD)		18. EXCEPTION SHEET DATE (YYYYMMDD)		23. GBL NUMBER		24. LOT NUMBER			
LINE NO.	QTY	(Describe the item fully, including brand name, model and size. List the nature and extent of damage. If missing, state "MISSING.")		INV NO.	10. MM/YYYY PURCHASED			16. EXCEPTIONS		19. INV NO.	20. EXCEPTIONS	25. AMOUNT ALLOWED	26. ADJUDICATOR'S REMARKS	27. ITEM WT	28. HOUSE LIABILITY	29. CARRIER LIABILITY	
12. REMARKS				13. TOTAL		\$				30. TOTAL AMOUNT ALLOWED		\$		31. THIRD PARTY LIABILITY		\$	